

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30490

State File No.

Registration District No. 237

Primary Registration District No. 4353

Registrar's No. 17

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Hidden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 years (Specify whether years, months or days)
In this community 32 years

3. (a) PRINT FULL NAME AMANDA JANE VANDINE

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Vandine 6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased Sept. 1, 1867 (Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Bullinger Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

12. Name Robert Russell (1)
13. Birthplace unknown Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Russell
15. Birthplace unknown Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Bessie Harris
(b) Address Hidden, Mo.

17. (a) Burial (b) Date thereof 9-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Gilman

18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott, Arkansas
19. (a) Sept. 11, 1948 (b) M. E. G. Sharp (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Hidden (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5
year 1948 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from 7-3-48 to 9-8-48
that I last saw her alive on 9-4-48 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial Failure
Due to cerebral Hemorrhage
Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (b) Means of injury

23. Signature J. H. Hopkins (M. D. or other)
Address Hidden, Mo. Date signed 9-8-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 948-1177

Date Filed 9-15-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.